labor. In the majority of cases this pressure is made by the symphysis pubis, in the lesser number by the promontory of the sacrum. These cases are rarely observed except in moderately contracted pelvis, and the average duration of the lesion is eight days.

Aortitis in a Child Having Congenital Syphilis.—Rebaudi reports from Döderlein's clinic in Munich (*Monatsschrift f. Geburtshülfe und Gynäkologie,* 1912, Band xxxv, Heft 6) 17 cases in which spirochetes were found in the fetal liver, lungs, suprarenals, and other organs. Five of these were prematurely born at seven months, many of them macerated, and seven were prematurely born at five months. One died soon after birth, one was dead born, eight macerated, and three were in the ninth month. Two were dead born and macerated, and one perished three hours after labor; two were fully developed; one at full term was dead born, and another perished five days after labor. Portions were taken from the arch and the ascending and descending aorta, and examined microscopically to determine the existence of spirochetes. Sections were also made and colored by various methods. In addition to the 17 cases, 9 others were obtained from colleagues for purposes of study. In the 13 patients the characteristic lesions of syphilis were found in the portions of the aorta examined, and this was thought to be the cause of fetal death. In 5 of the 13 cases spirochæta were positively present, and in the series of 9 cases also available for examination spirochæta were found in the wall of the aorta in 3. Where the germs were present it was detected in the connective tissue of the adventitia of the aorta and also in the vicinity of the vasa vasorum in the thickened wall between the muscle bundles and elastic fibres. In one case of premature macerated fetus the liver, spleen, kidneys, suprarenals, Fallopian tubes, and uterus, showed abundant spirochæta. The intima of the vessels was enlarged, the hyperplastic and the lumen of the vessels considerably diminished at the point of lesion. Spirochæta were also found in the blood cells in the lumen of the aorta, of the arch, and in the vasa vasorum, either free or surrounded by leukocytes.

Influence of Pituitrin upon the Child.—Spaeth (*Zentralblatt f. Gynäkologie,* 1913, No. 5) cites the case of a primipara with normal pelvis admitted to hospital, the child in breech presentation and in second position. When dilatation was complete the membranes protruded and ruptured during examination, with the discharge of meconium. The child was still high above the pelvic brim. As labor pains were deficient, $\frac{5}{10}$ gram of pituitrin was given subcutaneously, producing vigorous pains which ceased after an hour. A second injection was given, followed by better pains, which brought the breech of the child quickly into the pelvic brim. The mother was then partly anesthetized with ether, the perineum incised in the median line, and the child readily extracted, the cord once about the neck, but apparently not constricted. The child was asphyxiated, the heart beat very slow, and respiratory movements were irregular and infrequent. The child died half an hour after birth. At autopsy there was no injury to the cranium or spinal column, no extravasation of blood in the brain or cord, and no laceration of the tentorium. The thymus was not enlarged, the heart, lungs and kidneys were normal, and the child had not inspired mucus or fluid in the trachea or bronchial tubes. Labor had proceeded normally, and the median incision of the perineum had permitted prompt birth without pressure, so that it was difficult to find in the labor itself the cause for fetal death. No violence was used in aiding the birth of the child, and uterine contractions excited by pituitrin was the principal factor in bringing about a successful termination of labor. The autopsy gave an entirely negative result. The child's heart sounds were plainly heard half an hour before labor. Although the labor pains produced by pituitrin were strong, they were rhythmical, with the usual pause between the pains, and with no element of tetanus in the muscular contractions of the uterus. In seeking to explain the death of the child, it must be remembered that the different preparations of pituitrin on the market vary greatly in the intensity of their action. Others have noted that the fetal heart became slow after the use of pituitrin. This is thought to be the result of compression of the placenta, and the accumulation of carbon dioxide in the fetal blood. The cardiovascular action of pituitrin is recognized as being similar to digitalis, but is much more rapid, and causes strong contractions of the cardiac ventricle. The drug also exerts an influence upon the cardiac nerves and produces contraction of the coronary arteries.

The Pulmotor in Infantile Asphyxia.—EDGAR (*American Journal of Obstetrics*, February, 1913) describes, with an illustration, the Draegen pulmotor, originally for adults, which he has adapted for the treatment of infants. The action of the apparatus is to inflate and deflate the lungs in a regular manner, and by the aid of a certain mechanism controlled by the hand, a given number of respirations per minute can be obtained, The complete apparatus is enclosed in a wooden box, of convenient size, and consists of a small high-pressure cylinder with a capacity of one liter, which contains oxygen or nitrogen and oxygen, under 150 pounds pressure. One cylinder is sufficient to supply the apparatus for one hour, and another can be installed without difficulty. By an automatic reducing valve the high pressure is brought to a constant pressure of about 5 pounds. There is also a gauge which indicates the contents of the cylinder and gives warning when the supply of oxygen or combination is running short. By means of the reduced oxygen pressure there are two nozzles with connecting pipe lines in action—one for suction and one for pressure. The purpose of the apparatus is to force oxygen or atmospheric air into the lungs at any given pressure desired, and then to empty the lungs of the exhausted air which is expelled outside. In the apparatus for use with infants, and filling and emptying of the lungs, or the respiratory rhythm, is under the control of the operator, and by watching the efforts which the child makes at inspiration he can time the action of the apparatus to the greatest advantage. A breathing mask fitting tightly over the mouth and nose, and retained in position by an elastic band, is employed. The control of movements of respiration is secured by moving a lever upon a dial, and beyond the dial are two flexible metal tubes—one for fresh air and one for contaminated air. The claim is made for the apparatus that pure and impure air cannot be mixed. In the newborn it is especially important that inspiration pressure should be obtained, and that suction should be under the control of the operator. This is accomplished by the pulmotor.